

Case Number:	CM15-0090325		
Date Assigned:	05/14/2015	Date of Injury:	11/12/1997
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old male who sustained an industrial injury on November 12, 1997. Previous treatment includes inhalers and medications. An evaluation dated October 23, 2014 reveals the injured worker complains of some slight shortness of breath at times, which improves with his inhalers. He reports that he is using all of his medications and inhalers and feels well. On examination, the injured worker's breath sounds are clear bilaterally. Diagnoses associated with the request include cough variant asthma and allergic rhinitis. The treatment plan includes Fluticasone spray with two refills, Serevent with 3 refills and Flovent with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluticasone Spray 50mcg #16 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, fluticasone.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference indicates the requested medication is indicated in the treatment of allergic rhinitis. The patient has the diagnosis of allergic rhinitis and therefore the medication is medically warranted and the request is medically necessary.

Serevent Dis AER 50mcg with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, serevent.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference indicates the requested medication is indicated in the treatment of asthma. The patient has the diagnosis of asthma and therefore the medication is medically warranted and the request is medically necessary.

Flovent HFA AER 110mcg #12 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, flovent.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference indicates the requested medication is indicated in the treatment of asthma. The patient has the diagnosis of asthma and therefore the medication is medically necessary.